U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only		
READ THE INSTRUCTIONS CAREFU	JLLY BEFORE PREPARING THIS REPORT.	
E (AUG 1 22005)		
1. File Number U - 575	2. Fiscal Year Covered From:	
	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Jeffrey Benavidez	Name International Association of Iron Workers #66	
	Labor Organization File Number 023-625	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 4318 Clark Ave.	Street 4318 Clark Ave.	
City San Antonio	City San Antonio	
State Texas ZIP Code + 4 78223	State Texas ZIP Code + 4 78223	
5. Position in labor organization. Business Manager Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
Business Manager Enter appropriate data below If, during the past fiscal year, you or your sp	ouse or minor child directly or indirectly had any of the following interests	
Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the exc	lusions set forth in the instructions):	
Business Manager Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the exc	lusions set forth in the instructions):	
Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	r derived income or other economic benefit of tion represents or is actively seeking to represent.	
Enter appropriate data below If, during the past fiscal year, you or your sp (except as specified in the exc A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizate. 6. Name and address of Employer (including trade name, if any).	r derived income or other economic benefit of tion represents or is actively seeking to represent.	
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Name of Person Filing Jeffrey Benavidez	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name WestAm Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 5555 San Felpie City Houston State Texas ZIP Code + 4 77056-2723	9. Business deals with: a. Labor Organization X b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Texas Ironworkers Trust Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 9555 W. Sam Houston Pkwy S City Houston State Texas ZIP Code + 4 77099	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Sent a gift basket after surgery on 7/6/04	
	12.b. Amount. \$72	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Texas Ironworkers Trust Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant 2	14.b. Amount of payment.	